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Bib Data Sheet

CONFIRMATION NO. 4714

SERIAL NUMBER 09/547,220	FILING DATE 04/11/2000 RULE	CLASS 530	GROUP ART UNIT 1647	ATTORNEY DOCKET NO. 10165-006-999
APPLICANTS Michael Brines, Woodbridge, CT; Anthony Cerami, New York, NY; Carla Cerami, Sleepy Hollow, NY;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/129,131 04/13/1999				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 06/15/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY CT	SHEETS DRAWING 17	TOTAL CLAIMS 27
INDEPENDENT CLAIMS 5				
ADDRESS 20583				
TITLE Methods for treating cerebral ischemia by peripherally administered erythropoietin				
FILING FEE RECEIVED 771	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 4714

SERIAL NUMBER 09/547,220	FILING DATE 04/11/2000 RULE	CLASS 435	GROUP ART UNIT 7836 1647	ATTORNEY DOCKET NO. 10165-006-999
APPLICANTS Michael Brines, Woodbridge, CT; Anthony Cerami, New York, NY; Carla Cerami, Sleepy Hollow, NY;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/129,131 04/13/1999 <i>RMJ</i>				
** FOREIGN APPLICATIONS ***** <i>AND none</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/15/2000				
** SMALL ENTITY **				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Adv. <input type="checkbox"/>		STATE OR COUNTRY CT	SHEETS DRAWING 17	TOTAL CLAIMS 27
Verified and Acknowledged <i>Regina M. Kelly</i> Examiner's Signature <i>RMJ</i> Initials		INDEPENDENT CLAIMS 5		
ADDRESS 20583				
TITLE Modulation of excitable tissue function by peripherally administered erythropoietin				
FILING FEE RECEIVED 771	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	